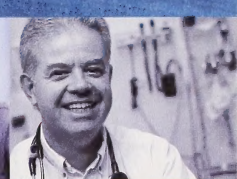
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[access] lessons learned





advancing
PRIMARY HEALTH CARE IN ALBERTA
sharing the learning

what is primary health care (PHC)?

Primary health care is the first point of contact of individuals with the health system – that is, where health services are mobilized and coordinated to promote health, prevent illness, care for common illness and manage ongoing problems (National Forum on Health, 1997). Primary health care services include: health promotion, illness and injury prevention, screening, health information, examinations, treatment in physicians' offices, vaccinations, home visits, nutritional counselling, drug dispensing, home care and so on. It involves a variety of health professionals including family physicians, nurses, public health nurses, nurse practitioners, pharmacists, mental health therapists, rehabilitation therapists, optometrists, home care providers, social workers and others.

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PREFACE

In the beginning...

The Umbrella Alberta Primary Health Care Project was created to further advance primary health care by informing the practice of primary health care in Alberta and future policy development.

The Umbrella Alberta Primary Health Care Project finds its roots in the final report of the National Forum on Health (1997). The report recommended reform in key areas, including primary health care. It further recommended creation of a health transition fund to support evidence-based pilot and evaluation projects in health care. In response to those recommendations, the federal government created the Health Transition Fund (HTF) in 1997. It focused on four key areas:

- primary health care reform;
- integrated delivery of services;
- home care; and
- pharmacare.

Following consultation with stakeholders in 1997, Alberta Health and Wellness chose to focus on primary health care and submitted a proposal to the federal government. Alberta received an $11.2 million HTF grant in 1998 from the federal government, and the Umbrella Alberta Primary Health Care Project was created. An external selection committee reviewed primary health care project proposals from across the province, and 27 were ultimately recommended for funding. Most of the projects began in September 1998 and were completed by May 2000. Extensive dissemination activities by the Umbrella Alberta Primary Health Care Project and its 27 funded projects commenced in August 2000, including a provincial showcase conference and the development of diverse products to disseminate the learning. Detailed information on each of the 27 projects can be found at: **www.health.gov.ab.ca/key/phc/index.htm**

SHARING THE LEARNING

While the projects were diverse, a number of common themes emerged from the final project reports and evaluation reports. Key findings in the areas of primary health care delivery, integration, multi-disciplinary teams, access and quality were compiled in a series of booklets, as well as other publications, designed to share the findings provincially and nationally as a contribution to the advancement of primary health care.

Many of the 27 primary health care projects tackled difficult situations where lack of access to health services was a major barrier to improved health. This stand-alone booklet documents their key learning on access.

The other materials can be obtained through Communications Branch, Alberta Health and Wellness, 22 Floor, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta T5J 2N3. Telephone 780-427-7164.

Alberta Health and Wellness extends its thanks to the project teams, regional health authorities, partners, the Evaluation Management Team (Howard Research Inc.) and the independent evaluation teams for their work in advancing primary health care in Alberta. It also thanks R.A. Malatest & Associates Ltd. and Dr. Leslie Gardner, who contributed to the development of this booklet, and our designers, Vision Design Communications Inc.



[access] in primary health care

Primary health care is the **first point of contact** and usually **the first level of care** that people have with the health system. Primary health care requires a **range of health providers** and a **multi-disciplinary approach** to care. It is based on a holistic definition of health that recognizes the influence of social, economic and environmental factors. Services are based on an assessment of the needs of the target population.

A key element of effective primary health care is that **it must be accessible.**[1] Accessibility can be defined in a variety of ways, beyond just the physical availability of a service. For example, The Canada Health Act (1984) refers to the ability of individuals to obtain health services without financial or other barriers. Access has typically been defined in reference to a number of barriers, as described later in this paper.

The face of primary health care – a case for change

Our Women's Health Services started in January 2000. We had a multicultural health broker who said there were all sorts of women in the community who needed to access the services of the health centre. These women were new immigrants to Canada, did not speak English, did not understand anything about our health system and had virtually no medical care in their entire lives. Some had delivered up to ten babies in the countries they came from, and some of those in refugee camps. Because of their cultural isolation, even those who delivered here did not feel comfortable accessing our services.

In some cultures, women seek care only from female physicians. The multicultural health broker was able to bring these women into the Women's Health program, and it was the first time in their lives that they had a good assessment of their total health, including gynecology/obstetrics. Many of them had long-standing health problems and the multicultural health broker was able to link them with female practitioners. They also helped the women to understand why they were getting the examinations; they would accompany them, make them feel comfortable. We also have physicians here who are of the same ethnic background and that made a huge difference. The multicultural health broker opened the door of the Women's Health Services for these women.

Marion Relf, Director, Northeast Community Health Centre
(This centre in Edmonton provides a unique range of coordinated primary health care services to the surrounding community.)

[1] Howard Research and Instructional Systems Inc., Monograph, Six National Dimensions of Inquiry, September 2000



the [barriers] to access

Effective primary health care is **accessible to all**. So, assess the needs of the population, assemble the appropriate services, publicize the services and the location, and open the doors...

Well, not quite. Developing primary health care also means taking a close look at the factors that may prevent patients/clients from accessing those services, including:

- financial;
- physical;
- attitudinal;
- values/beliefs;
- cultural/language;
- transportation;
- geographical;
- availability; and
- awareness.

The face of primary health care – Jim: A case for change

Our health centre had a patient, Jim, who was marginally housed and at times homeless. He had numerous mental health issues. He would yell and scream at staff. Jim was diabetic and couldn't handle doing his own insulin, which meant that he came to the centre often.

Health professionals at the centre had a number of case conferences focusing on approaches to help Jim. We came to the conclusion that the complex problems in his life went beyond simple medicating. It was keeping him alive, but if you have no place to live and nothing to eat, there are other things that need to happen.

The home care nurse took him on as his case manager and we involved everyone in the care plan including medical nurses, home care nurses, mental health therapists and security. Security helped to manage his behaviour and set appropriate limits when he was at the centre. He got a public guardian. He got connected into a support system. He's attached to his own general practitioner, which was a key goal. He has a place to live, his medical problems are well managed, and he is doing amazingly well.

Micheline Nimmock,
8th & 8th Health Centre, Calgary

Although Canadians enjoy equitable access to medically necessary services (Canada Health Act), they are not insured for the cost of pharmaceutical medications which may, in itself, be a barrier to accessing medical services. The location of services may be inaccessible or present difficulties for those who are disabled. Some people may have no means of ready transportation to services. If they come from another country or culture, they may not share the same language or view of health and health care as those who provide services. Perhaps the services they need may not be available, or not available at convenient times, or they may not even know the service exists.



The programs themselves may have barriers to access, such as a lack of adequate resources (financial, staff), inadequate information systems, or the inability of providers to work collaboratively. The overall health system may present barriers to access within a primary health care environment. There are legislative limitations on the scope of practice of individual health professions, and reimbursement systems for health providers restrict participation in collaborative environments.

The 27 primary health care pilot and evaluation projects identified seven factors critical to overcoming barriers and facilitating access. They were:

- establishing trust with patients/clients;
- community consultation;
- sensitivity to language or cultural issues;
- location of the primary health care services;
- providing the most appropriate services;
- convenient hours of service; and
- marketing and communication.

The face of primary health care – Sarah: A case for change

Sarah has been a client of the Healthy Families program for one year. Her first son, Clay, was three months old at the time of the initial home visit. Sarah was difficult to engage in the beginning. She would stand at the front door or meet the family visitor on the sidewalk for scheduled home visits. During her fourth month of her second pregnancy, when Clay was 11 months old, her partner died, and she became very isolated and depressed and began to push the family visitor farther away. She would not let the family visitor past the front door, and the family visitor became concerned about Sarah's physical, emotional, mental and spiritual state and Clay's development.

She continued to call on Sarah every week to see how her pregnancy was going and to discuss any concerns Sarah had about her son. The family visitor would drop off milk coupons or the milk itself, along with bus tickets and prenatal vitamins (from the Health for Two program). She encouraged Sarah to attend the Psychiatric Walk-In Clinic at the University of Alberta Hospital and eventually attended Sarah's intake with the clinic. The family visitor often took Sarah to her prenatal appointments and encouraged Sarah to approach her neighbour to help with child care. Sarah was uncertain if she was going to keep the baby, so the family visitor offered resources for adoption counselling which Sarah accessed.

The family visitor was able to build a trusting relationship with Sarah over the course of a few months, and one day Sarah decided to invite the family visitor in, and since then, the door has always been open. Sarah said, "It took me awhile to realize that there was someone actually willing to help me without using me." Sarah had a healthy baby boy who was adopted by his father's family. A neighbour has "adopted" Sarah as one of her own children. Sarah continues to be involved with the program and never fails to demonstrate her resilient character and strengths.

From an interview, Healthy Families Project (Bent Arrow Traditional Healing Society), Capital Health

The Healthy Families program partnered with community agencies in the region to reach a target population of low-income teen mothers.

One of the fundamental underpinnings of primary health care is a trusting relationship between the client and the health care practitioner and, on another level, between the community and the organization. Before clients will use services, they need to feel confidence in the organization and in the individual practitioners they will be dealing with. It is important to incorporate time for relationship building in developing primary health care services.

"I've been kicked out of a few homes already. But I just keep going back, going back. And now I'm being let in and that's only within three months. So you have to build a bond – build a trust."

Heather Fenner, Buffalo Lake Metis Settlement Nurse
(The Health for All – Metis Settlement project in the Lakeland Regional Health Authority added a nurse to four Metis settlements in the region.)

In Calgary, the Calgary Urban Project Society (CUPS) Project integrated a nurse practitioner into the primary health care model developed at this inner-city health centre. The centre serves a largely homeless or transient population. The project team worked hard to develop a relationship with their clientele that was built on trust and respect.

"By having a consistent nurse – one face – you have time to develop that kind of relationship. What we have seen is people who traditionally may not have accessed health services are feeling comfortable enough to access services – starting to ask questions about their health and taking responsibility for their health."

Tracey Smith,
Public Health Services Leader,
Lakeland Regional Health Authority

COMMUNITY CONSULTATION

"Once the project started, I spent a lot of time with the community – with community groups and community members and indeed just staying at the village office and speaking to people coming in and out and asking them 'If there were services on site, what services should those be, and what services do you already know about?' So I knew where they were at and what services were important to them. The service core team was really developed around that and also from input from the service providers at the main centre who said, for example, that we had a long waiting list of pre-school children for speech-language pathology in Cremona."

Project Manager, Health Authority 5
(The Health Authority 5 project provided services to remote rural communities through a mobile multi-disciplinary and intersectoral team.)

Community consultation is critical in planning the right mix of services. That consultation can take many forms, including needs assessment, surveys, town hall meetings and meetings with community leaders.

"We've been around for 27 years and our communities have changed quite a bit. With the information we had, we decided that we would set up two satellite clinics. One at the Golden Age Club for seniors and one in West Dover for young families who are low-income, and we did that in partnership with them."

Chris McFarlane, Executive Director, Alexandra Community Health Centre
(This project was an evaluation of the Centre that has been serving the health needs of Calgary's inner-city residents for the past 27 years.)



There may be frequent differences between the primary health care services that a regional health authority is willing to provide and what the community itself thinks is needed. These differences can create tensions that delay the planning and implementation of primary health care services. By developing an effective community consultation process, differences can be identified early in the planning process and steps can be taken to minimize the differences in expectations.

"We started out talking about services for one town but we realized it wasn't just about the people in that community but in neighbouring communities as well. We were successful in widening our circle of consultation to include those neighbouring communities and involved people from far away in community meetings. The end result was that we established satellite clinics in these communities."

Sharon Jeffares, V-P of Health Services, East Central Health Authority, Primary Care Initiative
(This project established integrated primary health services in four rural communities.)

For example, while planning for the Airdrie Regional Health Centre it became evident that what the regional health authority was considering was quite different from what the people of Airdrie believed was necessary. The project brought together several different health programs under one roof. The community envisioned an innovative, comprehensive, multi-use health centre. On the other hand, the region was planning for a physical site to replace the old public health office, with a number of community agencies located in the same building. Two years after implementation public expectations for a single point of access to all health services at the health centre are still strong.

Community involvement in the planning phase of a primary health care service was especially important where the cultural sensitivities of the target population were particularly evident. The **Health For All (Metis Settlements) Project** in the Lakeland Regional Health Authority included settlement members in identifying health needs, setting priorities and developing the strategies to address those priorities.

"These communities have become involved. They have some ownership for it. The community health council plays a big role in health. And the trend has been that they want to become responsible. They want to have a say in the development and delivery of health services to the people in their communities."

Lorraine Deschambeau, Metis Settlement Leader





LANGUAGE OR CULTURAL ISSUES

"Because I don't understand lots of English, she translates for me and she's from my culture. It's nice to have someone from your culture to help you."

Client at the Northeast Community Health Centre, Edmonton

The projects found that the values, language and cultural norms of a target group affect access to health services. Primary health care program planners paid particular attention to patient/client populations with high proportions of ethnic groups.

"I find a person has to be culturally sensitive to what is going on in a community, and has to be familiar with the Aboriginal society so that they can get used to the place. And so then our members can start identifying with them as helpers."

Harold Cardinal, Kikino Metis Settlement Chairperson

The evaluation of the **Urban Patients' Choice of an Emergency Department as Their First Contact with Primary Health Care Services Project** found that multicultural groups whose mother tongue is not English were more likely to use emergency departments for non-urgent situations. This pointed to a need to promote the use of community services to these groups and help them understand the appropriate use of emergency departments.

The **Edmonton Centre for Trauma and Torture Survivors Project** evaluated some of the programs they offered. The centre facilitated access to services for immigrants and refugees by providing them with a social setting as a first step in reducing their sense of isolation.

With its ties to social, health and education programs, the centre acted as intermediary for the cultural groups who were used to going to their community for help rather than seeking help from public services on their own. Understanding that this group of people value community over individuality became an important consideration for program planners.



"Everyone from a young age to retirement age can come here and see whatever service is available, what he needs. If it's an emergency, it's here. If you need a family physician, it's here. If they need to see somebody like me in mental health, it's here, all right here under one roof."

Client in addictions counselling at the Northeast Community Health Centre, Edmonton

LOCATION OF PRIMARY HEALTH CARE SERVICES

The location of primary health care programs was given careful consideration by all 27 projects. In some cases, it meant providing services in a central location in the community, easy to reach by car or public transportation. In other cases it meant taking the services to where the population lives.

community-based services

Most of the projects found that people prefer community-based delivery of primary health care because it offers ease of access to the patient/client and provides a single physical point of entry to the program.

Planners for the Northeast Community Health Centre in Edmonton worked with the community and the city to ensure that the centre could be reached by public transit, providing a bus stop at the door of the building. The centre is located at a site with easy access by car and has a free parking lot.

Community-based services also offer the opportunity to maximize working relationships with agencies in the community. For example, the **Healthy Families Project** in Edmonton delivered their program through three community agencies to meet the unique and high needs of their target population of teen mothers, Aboriginals and low-income families.



Speech Language Pathologist, Magda Marais, a member of the rural mobile team that brought a number of health professionals into the heart of rural Alberta

In locating mental health services, some programs took into account the stigma that some patients/clients feel is attached to mental illness. The goal of the **Shared Mental Health Care in Primary Care Practice Project** in Calgary was to provide more immediate access to psychiatric services and increase collaboration between family physicians and mental health professionals.

By treating patients in their own family physician's office, the project enabled patients to avoid the stigma attached to attending a mental health clinic or a psychiatrist's office.

Another important consideration was whether services should be located in one place. That way, the community can benefit from services provided by different organizations or agencies at the same site. This may allow the integration of services or simply provide relative ease of access. As well, communication among professionals and sectors increases when they occupy the same site.

The evaluation of the Airdrie Regional Health Centre found that the co-location of Calgary Regional Health Authority staff with partner agencies resulted in easier referral processes. It generated a greater number of referrals to centre programs. Although no attempt was made to integrate services, their proximity allowed for easier access for patients/clients and facilitated communication between service providers. As one staff member said, "I just walk across the hall to talk to someone."



SATELLITE AND OUTREACH PROGRAMS

Some of the programs chose to take primary health care services to the patients/clients, rather than having them come in to access the services. The reasons for satellite or outreach programs can vary. It can be due to the age or infirmity of the patients/clients, cultural considerations, distance from a major centre or other unique circumstances.

The Alexandra Community Health Centre in Calgary tailored its services to meet the changing needs of the community. The centre found that the community had more seniors and more young low-income families than when it was first established 26 years earlier. The centre decided to create two satellite clinics, one at the Golden Age Club for seniors and one in West Dover for young families.

Regional health authorities that provide services to rural and remote areas are aware of the barriers to access imposed by distance and transportation difficulties. However, there are innovative ways to start to address those barriers. The **Health Authority 5 Rural Primary Health Care Pilot Project** identified the need to take services to communities that were at least an hour away from the larger centres where most services were located. They put together mobile multi-disciplinary primary health care teams who visited six small rural communities.

"They have no vehicles, so they have to get someone to drive them. It's a remote area because it's 20 miles to the doctor. You just don't go, that's what the trouble is."

Client, Health Authority 5 Clinic, Cremona

"There's three women's shelters in the inner city. Because they are a very vulnerable population they don't feel safe enough, in a lot of instances, to access services. They are just really scared. They may have a whole lot of medical needs that aren't being addressed. We have a public health nurse who visits the shelter. In addition, if there are women who require medical assistance, we will have them come here. We have even on several occasions made arrangements to have women dropped off so that nobody knows they are here and their safety is not compromised."

Micheline Nimmock,
8th & 8th Health Centre, Calgary
(Established in 1997, the 8th & 8th Health Centre, located in downtown Calgary, offers 24-hour urgent care, mental health and public health services and home care.)

The patients/clients involved in some of the projects responded better, or accepted assistance more readily, when the primary health care service was provided right in their community. The CUPS Health Centre provided services to the inner-city population through a nurse practitioner located in a downtown shelter. The **Primary Health Care Collectives Project** had six teams of family physicians, community pharmacists and home care nurse managers. Most of the time they provided medication assessments and follow-up visits in the client/patient's home. High-risk patients/clients in the community were referred to a team through their family physician. The **Community Outreach in Pediatrics/Psychiatry and Education Program (COPE)** brought diagnostic and consultation services to children directly in their schools. Other projects, such as **Healthy Families** in Edmonton and the **Health For All (Metis Settlements) Project** in the Lakeland Regional Health Authority, provided services in people's homes.

"The home is a safe place. It's their home and they feel comfortable there. It's their environment – it's safe."

Laverne Wright-Azga, Kikino Metis Settlement Nurse, Lakeland Regional Health Authority



"There are a wide variety of factors that keep people healthy. Because of that, no one person or professional can meet everyone's needs…A good primary health care system can provide access on a very timely basis, but also access to the appropriate service and not to a service that might be beyond what people need or not quite what they need…A good primary health care system is the key to accessible services."

Dr. Gerry Predy, Chief Medical Officer, Capital Health

ACCESS TO THE APPROPRIATE PROVIDER

Access can be enhanced by ensuring the right providers are providing the right services to the right clients at the right time. The use of multi-disciplinary teams is one way of accomplishing this.

A multi-disciplinary team can:

- coordinate care;
- provide a mechanism of checks and balances to ensure clients' needs are addressed;
- identify service gaps and breakdowns in coordination or communication between individual providers or organizations.

Such a team can also enhance the professional skills and knowledge of individual team members by providing a forum where they can learn more about the strategies, resources and approaches used by other disciplines.

A number of the 27 projects found that multi-disciplinary teams were able to improve service access by ensuring that the client was seen by the most appropriate provider.

The CUPS project integrated a nurse practitioner into the "collaborative practice" primary health care model under which the inner-city clinic

operated. This expanded the range of services provided. During their evaluation they found that having a broader range of health care providers reduced the number of clients they had to turn away by 40 per cent.

"The people who come here have many needs. With the nurse practitioner's additional assessment skills and ability to work closely with the physicians and also the other nurses, it meant that people could be seen by the right provider. Those people who had more severe needs would be seen by the physicians and those that perhaps required a different level of care would be seen by other providers."

Lorraine Melchior, Executive Director, CUPS Community Health Centre (Calgary Urban Project Society)

The **Lakeland Integrated Community-based Palliative Care Project** provided consultation advice to other health professionals through a coordinated, multi-disciplinary team (physicians, nurses, home care, respiratory therapists, occupational therapists, social workers, pharmacists, community volunteers and funeral directors). This approach improved access to appropriate care. Team members also found it was important that team-building be ongoing and that each member of the team understand the roles of other members.

HOURS OF SERVICE

Not everyone can access services during nine-to-five working hours. The primary health care projects took the lifestyles and resources of their target population into account to determine when to offer services.

For example, the evaluation of the Alexandra Community Health Centre in Calgary noted that many of the clients were unable to take time off during a working day to see a provider at the clinic. As a result, the Health centre changed its hours of operation to include evening clinics.

The evaluation of the diabetes centres in the Capital Health Region also found that access could be enhanced with more flexible hours, including weekend and evening clinics. Many potential clients found it particularly difficult to take time off work to attend the clinic when the initial educational program required a four-day commitment.

To accommodate the special nature of end-of-life care, the **Lakeland Integrated Community-based Palliative Care Project** team offered health providers 24-hour telephone access to the Nurse Consultant and Physician Consultant. The availability of after-hours expertise and information improved patient/client access to palliative care in the region.

"If someone needs to access services on a Tuesday and the nurse isn't going to be in until Wednesday, then that person's health need is either not going to be met or they'll ignore it because they can't get transportation into town."

Tracey Smith,
Public Health Services Leader

Program development must include strong marketing and communication.

MARKETING AND COMMUNICATION

People have to know about a service before they can use it. The primary health care projects found that program development must include strong marketing and communication of programs to the intended target groups, to providers and to community agencies.

The **Evaluation of the Diabetes Centres in the Capital Health Region Project** discovered there was a lack of awareness among physicians and clients about diabetes education services in the region. The WestView Health Authority's **Healthy Families Project** promoted positive parent-child interaction and holistic child development. Follow-up interviews with families showed that 72% of the families who refused the program could not recall its general purpose. Both projects concluded that program-marketing strategies would have increased awareness of services on the part of providers and of the general public.

The marketing strategy for programs depends on the public served. A program designed to serve seniors will use very different methods of communication and messages from one designed to serve teen parents.

The **Enhancing Primary Care of Palliative Cancer Patients Project** in Calgary found that brochures were not the most effective means of reaching potential patients/clients. More innovative and direct means were necessary to catch the attention of the families of palliative care patients. They also determined that more effective techniques were required to disseminate clinical practice guidelines on palliative care to health care providers. A successful communications strategy was the use of a standardized template developed to communicate priority information to oncologists, family physicians and home care coordinators. The template helped providers by identifying the expectations of patients/clients.

The **East Central Health Authority's Primary Health Services Initiative** established integrated primary health services in four rural communities in the region. The regional health authority worked in partnership with the rural communities to build an integrated system.

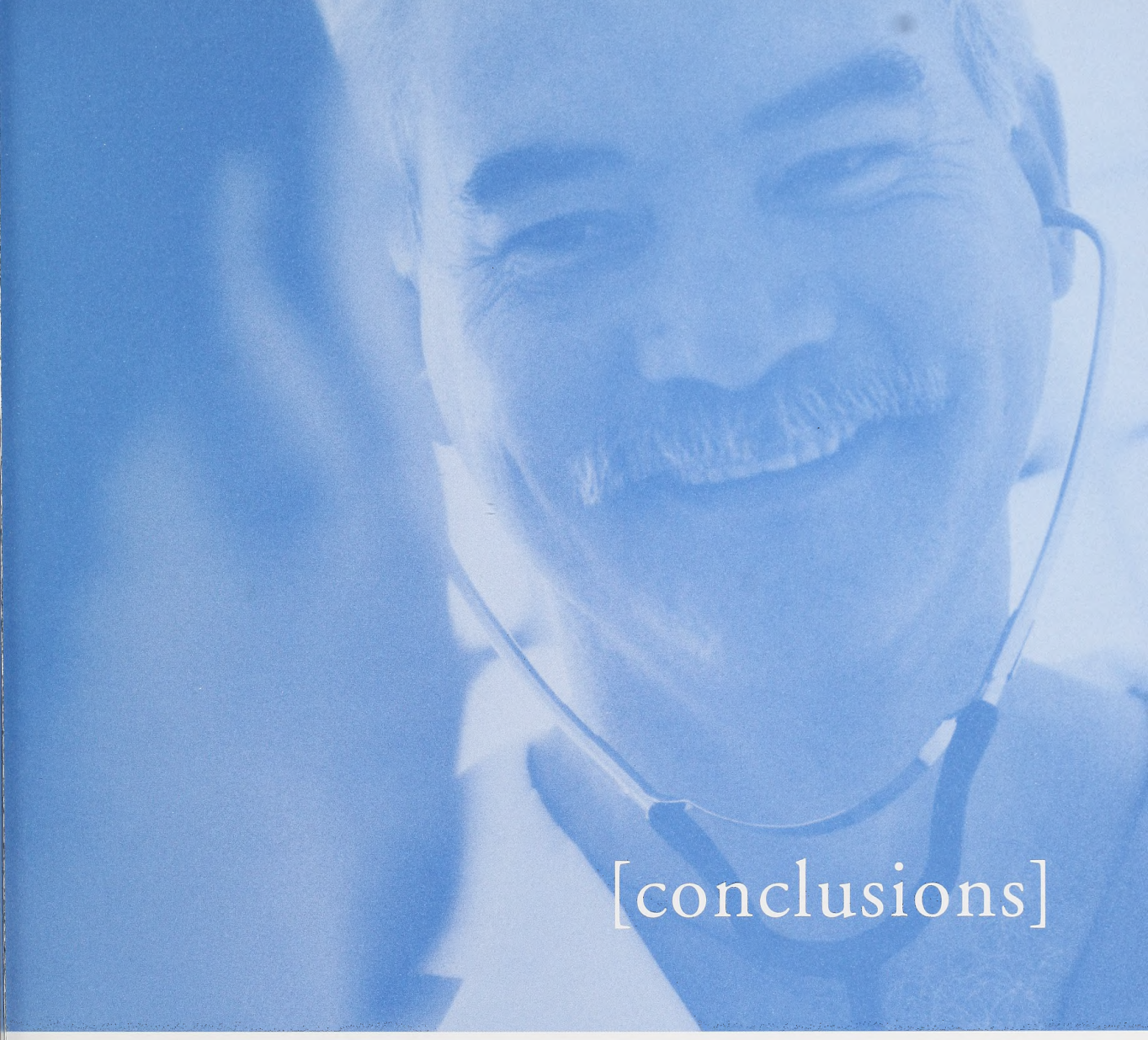
Access to relevant information from a trusted source is essential for people who want to take responsibility for their own health. The **Keeweetinok Lakes Regional Health Authority's Immunization Project** used direct, face-to-face communication with families to encourage them to seek information about immunization and then have their children vaccinated. The settlement nurses in the **Health For All (Metis Settlements) Project** in the Lakeland Regional Health Authority provided information to families in an informal setting on a family-to-family basis. Although time consuming, this method of communication was successful in improving patient/client access to health information.

"We developed a Guide to Primary Health Services which is an excellent tool for any community that wishes to develop a team concept to plan and communicate primary health services. The step-by-step approach helps them sort out the roles of various players in the community and take a systems approach to developing something in their community. We are just thrilled with it."

Sharon Jeffares, V-P of Health Services, East Central Health Authority

"Access to services also means access to information that can improve health and well-being. When it's a crisis situation, they want the information now. And that wasn't available to them before. So if there was an outbreak of some communicable disease and they couldn't get the information…But when it's there and the information is readily available and people can access it, they strive to improve their health."

Lorraine Deschambeau, Metis Settlement Leader, Lakeland Regional Health Authority



[conclusions]

Many of the 27 Alberta primary health care projects tackled difficult situations where lack of access to health services was a major barrier to improved health.

Developing programs to serve rural and remote communities, low-income teen mothers or communities with cultural and language barriers provided what is perhaps the most valuable lesson of all.

"The whole system is changing. We can talk about services that communities now have access to that weren't there before. We are working toward a model of coordinated access. But we are still building and it is not going to happen overnight."

Sharon Jeffares, V-P of Health Services, East Central Health Authority

To be successful, primary health care must critically assess the needs of the target population and tailor the services, providers, hours of operation and mode of delivery to meet the unique circumstances of each community and of each individual served.

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www.health.gov.ab.ca/key/phc/index.htm

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